

**Enrollment Workgroup
Draft Transcript
September 24, 2010**

Presentation

Erin

Good afternoon. This is the Enrollment Workgroup Call. This is a public call and there will be an opportunity at the end for the public to make comment. To begin, let's do a quick roll call. Aneesh Chopra? Sam Karp?

Sam Karp – California HealthCare Foundation – Chief Program Officer

Here.

Erin

Cris Ross? James Borland? Jessica Shahin? Stacy Dean? Steve Fletcher?

Steve Fletcher – State of Utah – Chief Information Officer

Here.

Erin

Reed Tuckson? Ronan Rooney? Rob Restuccia? Ruth Kennedy? Ray Baxter?

Bob Barton – Kaiser

This is Bob Barton sitting in for Ray.

Erin

Deborah Bachrach?

Deborah Bachrach – Bachrach Health Strategies – President

Here.

Erin

Paul Egerman?

Paul Egerman – Software Entrepreneur

Here.

Erin

Gopal Khanna? Bill Oates? Anne Castro?

Anne Castro – BlueCross BlueShield South Carolina – Chief Design Architect

Here.

Erin

Oren Michels?

Oren Michels – Mashery – CEO

Here.

Erin

Wilfried?

Wilfried Schobeiri – InTake1

Here.

Erin

Bryan Sivak?

Bryan Sivak – Government of D.C. – Chief Information Officer

Here.

Erin

Terri Shaw?

Terri Shaw – Children’s Partnership – Deputy Director

Here.

Erin

Sallie Milam?

Kathy Katzenberg – State of West Virginia – Chief Privacy Officer

This is Kathy Katzenberg sitting in for Sallie Milam.

Erin

Dave Molchany?

David Molchany – Fairfax County, VA – Deputy County Executive

Here.

Erin

Elizabeth Royal? Kristen Ratcliff?

Kristen Ratcliff – ONC

Here.

Erin

Did I miss anyone?

Reed Tuckson – UnitedHealth Group – EVP & Chief of Medical Affairs

Reed Tuckson.

Paul Swanenburg – SSA – Senior IT Specialist & Program Manager

Paul Swanenburg.

Erin

Paul.

Rob Restuccia – Community Catalyst – Executive Director

Rob Restuccia.

M

This is

Cris Ross – LabHub – CIO

Cris Ross.

Lynn Jordan – USDA – Management Analyst, Food & Nutrition Service

This is Lynn Jordan sitting in for Jessica Shahin.

Gary Glickman – OMB – Coordinator, Partnership Fund for Program Integrity

Gary Glickman.

David Hale – NLM NIH – Project Manager for Pillbox

This is David Hale.

Claudia Page – Social Interest Solutions – Co-Director

Erin, Bobbie Wilbur and Claudia Page are also on.

Erin

Great. With that I'll turn it over to Sam Karp.

Sam Karp – California HealthCare Foundation – Chief Program Officer

Good morning, everyone. Thank you, all, for joining this morning. Welcome to our ninth public meeting of the Enrollment Workgroup of the HIT Policy and Standards Committee.

I want to mention two things to start before we review the agenda. I think everyone saw, even though it wasn't an explicit statement, that the Secretary on September 17th approved and promulgated our recommendations. Congratulations to all of us. We, along with a lot of support from ONC staff, were able to meet the statutory deadline for producing what is now being called, as you may have seen in the edits to the Secretary's recommendations, the Initial Recommendations of the Enrollment Workgroup. But I'm already hearing a lot of interest in the field about the recommendations. I've had people say to me that they thought they were actionable and began to set the kind of guidance that states are looking for.

I had an opportunity to speak and present the recommendations at the CMS Eligibility and Enrollment Conference in Denver last week. It was attended by a couple of hundred state and local folks and again, a lot of interest in the work that we've done, so congratulations to all of us for the work that brought these recommendations forward, again, on schedule. I think this administration is trying to meet every deadline in the Affordable Care Act and our work contributed to that.

The second thing I want to mention is that it was actually Farzad in our last full meeting of the Workgroup suggested to us, first use; I think the initial word and suggested there may be additional work for the Workgroup to do. We're going to talk about this later in the agenda, but I just wanted to mention up front that we're not making assumptions that we've all signed up for life. We did have a charge to do the work in 120 days, which we've done successfully. We would like to assess how and in what ways we're going to move forward with what Aneesh yesterday called a coalition of the willing. So when we get further into the agenda we're going to talk about a time commitment and so on and ask that you express over the next couple of days your interest in continuing to participate in the Workgroup. If you don't decide to participate that's terrific as well and we've appreciated contributions to date, but we are prepared to reconstitute the group as needed so we can move forward with some of the implementation work and just filling out around the edges.

You may all have seen a news story that was in the iHealthBeat publication where a couple of Workgroup members were interviewed, Cris Ross and Stacy Dean, talking about the recommendations and Farzad as well. I don't think there's been an official announcement from HHS other than the posting that's referenced here with the statement that the Secretary has approved the recommendations and we're going to go over some of the edits that the Secretary made in her final action.

Let's turn to the agenda. We're going to, first, just do a very brief recap of the Workgroup charge and activities to date. Then I'm going to ask Kristen to walk us through some of the changes that the Secretary made to the recommendations before she promulgated them. Then we're going to have a short discussion about the future Workgroup activities and then talk specifically about next steps.

If you turn to the third slide—I guess it's not the third slide now—we've done the agenda. Turn to the charge, which I think everyone is familiar with. We've gone over it many times; that we had 180 days. It

was actually 120 days from the time we had our first meeting, to develop standards and protocols to facilitate enrollment and we've done the work necessary for that initial charge. Then the specific Enrollment Workgroup Charge in the areas that we developed Tiger Teams around and build our recommendations around.

If you turn to the slide on Workgroup Activity to Date: As I mentioned when we started, we actually have had eight public Workgroup sessions, many, many Tiger Team meetings. On August 19th Aneesh and I presented the recommendations to the HIT Policy Committee and they made a couple of minor suggested changes to the recommendations, nothing substantial to change the recommendations, but really, some clarification language.

We had a similar presentation on August 30th with the HIT Standards Committee. They too made some clarifying suggestions, which were incorporated into the recommendations that were presented by David Blumenthal on behalf of the Committee to the Secretary on September 7th.

On September 17th, as I said previously, the Secretary accepted our recommendations with a number of edits.

Kristen, I know everybody has a copy of the edits, do you want to walk us through kind of the highlights of them?

Kristen Ratcliff – ONC

Sure. I think all of you should have a document called The Red Line Difference between the FACA Recommendations and the Secretary 1561 Recommendations. If you open that document you can see the areas where the changes were made. I'll just sort of go through, starting with the recommendations, which is where most of the edits were made and then sort of draw attention to any in the appendices, although there were very minor edits in the appendices.

On page three of that document, I'll start with the preamble. You'll see throughout the document we made the minor changes just referencing the Affordable Care Act rather than the Patient Protection and Affordable Care Act.

Then a substantive change in the preamble was in the second paragraph, the first sentence. It was changed. Instead of, "The following recommendations are intended to," it was changed to, "Reference that the Committee submitted to ONC the following approved initial recommendations." That change was made just to very clearly indicate that we were in compliance with the FACA process, which requires the committees, rather than the Workgroup, to submit the recommendations to ONC. We made that change to indicate that the Workgroup developed the recommendations, got them approved by the Policy and Standards Committee, and then the Policy and Standards Committee transmitted those recommendations to Dr. Blumenthal, as the Head of ONC.

The next change was made—and I believe I don't know if we ever reviewed this footnote one that appears on the first page—but we added this footnote to include or make sure that everyone knew that we intended for these recommendations to apply to states and also to any federal entities that may be operating in Exchange. By definition it's my understanding that the term state, as used in the ACA, also encompasses the territory. We also added a sentence at the end that just reads, "Finally, for the purposes of income verification the exchanges may handle tax return information provided by the IRS and that there are certain safeguards and security measure that are not included in these recommendations, but that are still intended to apply to that data."

If you go to the next page you can see the next sentence that was added was to Recommendation 1.1. It's at the very top of page four. "Further work will be done to refine these standards using the NIEM guidelines and in coordination with FDOs." This sentence was added because we do have the intent that Doug and ONC and maybe a small group of others will continue work on the core data elements to sort of get into a more specific sort of standard recommendation. We added that to make it clear that that was our intention, although it was not possible within the short time frame that we were given to promulgate

these initial recommendations, but just wanted to make clear that that's something we're considering for the future.

Going down you'll just see changes to the reference of the legislation.

If you go to Recommendation 4.1 there are fairly minor changes just to the references to the HIPAA standards and then a sentence was added that says that, "Recommendation 4.1 supplements existing requirements and electronic transactions constituting covered transaction under HIPAA comply with adopted HIPAA transaction standards." That sentence was added to convey that this Recommendation 4.1 is sort of supplement or in addition to the mandatory requirement that already exists under HIPAA that covered transactions use these adopted HIPAA standards.

If you move down to the privacy and security requirements you can see there's just a phrase added to the paragraph under Recommendation 5.1. The sentence was added just to clarify that HITECH requirement that consumers have a right to obtain an electronic copy of their protected health information from HIPAA covered entities that use or maintain an electronic health record rather than all HIPAA covered entities.

The final change to the Recommendation is on page six, footnote two, which was added to Recommendation 5.2. You will see a sentence added that says, "This recommendation does not address access by an individual's personal representative as provided in the HIPAA standards for privacy of individually identifiable health information." This sentence was added to address the situation where under HIPAA a third party may be, in some instances, a personal representative, such as a guardian, may be required to be treated as an individual. Since the Workgroup didn't specifically address that situation we wanted to make clear that the recommendation was not intended to touch on that issue.

Those are the main changes that were made to the recommendations. In the appendices—

Sam Karp – California HealthCare Foundation – Chief Program Officer

Before you move to the appendices—

Kristen Ratcliff – ONC

Yes. Does anyone have any questions?

Sam Karp – California HealthCare Foundation – Chief Program Officer

Comments from anyone about these changes? Okay. Kristen, go ahead.

Kristen Ratcliff – ONC

So I think the recommendation or the changes to the appendices were fairly minor, mostly just changes to spell out the legislation rather than use the abbreviation. There were some changes to Appendix B, specifically if you look at Table Four, the Proposed Enrollment Data Standards. I think since our last meeting we did some additional work on this and kind of came to the conclusion that we should be using existing federal standards for these data elements where we know that there is or should be a standard address. We know that the United States Postal Service probably has and does have a standard for that data element, so we have included reference lines for those elements to indicate what the natural owner of that element would be. So, date of birth, the reference line reference is the National Center for Vital Health Statistics as the natural owner of that data element.

For Social Security Number: The natural owner would be the Social Security Administration. You can see the other references for the remaining elements.

Citizenship has two natural owners. First, the Department of Homeland Security and second, Social Security Administration. I think because given the current verification interfaces that already exist and the types of information that are kept by the two places you can retrieve that information from either entity.

Other changes: The notes on page 16. Those are not new additions. They were just changed, taken out of the text and put into footnotes. There were no changes to Appendix C, D or E, really, or F. So that about covers all of the changes in the appendices. Does anyone have any questions about those?

Lynn Jordan – USDA – Management Analyst, Food & Nutrition Service

Is there going to be another proof to make sure that the copy posted on the Web site reflects all of these changes?

Kristen Ratcliff – ONC

Sure. I think we looked at it a few times and it's—

Lynn Jordan – USDA – Management Analyst, Food & Nutrition Service

I caught one thing that was obvious to me, but there may be other things now that I've got the red-lined copy.

Kristen Ratcliff – ONC

Okay. Sure. We can take another look just to make sure that the reference includes all of the final recommendations.

Sam Karp – California HealthCare Foundation – Chief Program Officer

Any other comments before we move on? So you all have a link to the final recommendations the Secretary approved, there is a new page on the Web site that breaks out the recommendations; if you haven't seen it; to the core recommendations and then a separate document for each of the appendices.

Aneesh, are you on yet?

Aneesh Chopra – White House – CTO

I'm here.

Sam Karp – California HealthCare Foundation – Chief Program Officer

Do you want to take us through a discussion of future Workgroup activities?

Aneesh Chopra – White House – CTO

Yes. It occurred to Sam and I earlier that when we had recruited you we had recruited you with this very aggressive timeline and you were gracious to share a good part of your summer working hard on each of these recommendations. While we have concluded the bolus of initial activities you may recall on this, I guess at the last in-person meeting Farzad had come to the group and actually framed or asked whether or not we might continue to build upon this work and kind of move a number of those recommendations forward.

What Sam and I thought to do at this stage and I think we're on whatever this page number is, page ten, before we get into the future activities we want to just sort of acknowledge up front some of you might have signed up for the intensive amount of work we did up to this point and feel as if you've served your country and might wish to go back to your primary responsibilities, whatever those might be. So before we dig into future Workgroup activities we wanted to ask or offer or whatever the term might be, suggest that if you're so keen to do so that those of you on the group who would like to stick around for ongoing activity, this next round of work, which we'll get to in a minute, we would encourage it, welcome it and would celebrate you for your volunteerism in so doing. But, for those of you who might feel a little bit as if you've given your time, we want to make sure you have the chance to say thank you for the opportunity. You're welcome and so forth for serving, but that you'd like to, at this point, kind of move on to your lives.

What I'd like to say at the outset, therefore, is if you wouldn't mind e-mailing back to Judy or Sam or myself or Kristen or whomever your intention, if you want to stick around or, frankly, if you'd like not to stick around and like to sort of conclude your time on this panel, please do so in the next week or so so that we can kind of formalize the remaining coalition of the willing, so to speak, that can take on some of these future Workgroup activities.

Before I get into those activities I want to make sure that we've got level setting for the folks on the call. Does anyone have any reaction to that notion of how long you signed up for and what you want to do next? Any thoughts on that, anybody on the call?

Sam Karp – California HealthCare Foundation – Chief Program Officer

Who wouldn't want to have more fun, Aneesh?

Aneesh Chopra – White House – CTO

That's my view, but the last thing I want to do is over tax your goodwill and your efforts. So let me get into what that workload might be and then certainly, Sam and I would love to pull up.

In a nutshell, the Tiger Teams or whatever we called it, the working groups that we had formed in each of the domains, whether it be business rules or the verification interfaces or privacy and security, it is our hope that the groups might convene in the relatively near future, over the next several weeks, to think about what the scope of work might look like if we were to suggest, now that the Secretary has endorsed the framework with the changes that you just heard, what happens next. For example, the Business Rules Team might suggest that we convene—as I think we have a tentative date already—we might convene in October and hear testimony from organizations, who are thinking about how to make business rules more transparent because, as we left off that recommendation, there is a lot of work to be done about how to go about achieving the goals.

On core data elements, obviously, there is more work to be done about building those out and expanding and ensuring we have a framework to organize. Some of those activities will be more of the policy, testimony gathering flavor, but some of them might be more directed. So, as I believe we alluded to in the beginning of this call before I joined, forgive me, as was noted in the modification to the final report, the standards interoperability framework will be specifically tasked with doing some of the follow-on work on core data elements. The working group here might collaborate with the team in their process as they proceed, for example. Obviously, privacy and security is an ever green terrain where we always want to refine, think better, make more progress on.

So, our ask is that the working groups meet again; specifically discuss in their groups what they would like to see happen over the coming months and what unit of output might be achieved if we are successful to kind of build off of the final recommendations. Then we might, those of us as we come back together as a group, consider whether or not there are additional functionalities and services that are necessary, either by expanding some of the existing recommendations or considering some of these newer topics.

That's the ask. You can see, I believe, in one of the slides—I think it's slide 11—some of the early hypotheses that the workgroup is going to consider. I kind of verbalized some of them, but whether we can express those business rules, how we go about expanding a list of core data elements using the NIEM process and so forth.

Any questions, comments or reactions to this?

Reed Tuckson – UnitedHealth Group – EVP & Chief of Medical Affairs

It sort of, I think, gives us a chance in terms of seeing. I think it's inevitable that something as complex as this when first released will spark a number of questions and issues on the part of the stakeholders, the various stakeholders in the system. So I think it just makes sense for us to have a chance to capture the reactions, the questions, the issues, the now that you solved for that, what about this? I think it makes sense, so when we meet or to be kind again, to give a little bit of a chance for the dust to settle, for the reactions to occur and then allow us to be able to take that and formulate it into specific action plans. That's just a thought.

Aneesh Chopra – White House – CTO

Reed, I'm taking it from your language you wouldn't mind sticking around and helping on the workgroup that you've been helping to lead so far.

Reed Tuckson – UnitedHealth Group – EVP & Chief of Medical Affairs

The way that you guys so artfully phrased it, I mean it would be very difficult for anybody to ... I mean I think if I recall there were pronouncements around patriotism. I mean you guys threw some heavy bombs out there, so damn right I'm in.

Aneesh Chopra – White House – CTO

Thank you for that. I love it. Actually, the last slide specifically was our straw man for this. Not that it's perfect, but the straw man was sort of slow down the pace. Be a little bit more respectful of personal calendars and so forth, engaging with the workgroups, perhaps monthly or as needed based on activity at the Tiger Team level and so forth. So I think, Reed, you're very kind to say we're encouraging this. Yes, please do, but don't feel the pressure, but if you don't mind communicating with Judy one way or the other, we make no observation about whether you can or you can't. I can assure you this is a time effort for all of you, including myself and Sam and the Staff at HHS and so we're sensitive to that.

Anyone else? Reactions?

Anne Castro – BlueCross BlueShield South Carolina – Chief Design Architect

What I would like to see, because I think the three different workgroups are inter-related. In some respects if the schedules for ongoing are not on top of each other and that they're published to everybody, then maybe I can sign up to sit in on some other conversations to learn more about those?

Aneesh Chopra – White House – CTO

Absolutely. Maybe I don't want to speak for Kristen or Judy, but you guys aren't going away. You guys are providing coverage for us so that we keep up the rigor in terms of communications. I don't want to speak for you two. Judy, do you want to—?

Kristen Ratcliff – ONC

Judy's not on, but I think that that's definitely doable since we're not going to be working at such a quick pace.

Anne Castro – BlueCross BlueShield South Carolina – Chief Design Architect

Right. That other pace put us like full-time every day, every week.

M

Right.

Kristen Ratcliff – ONC

Yes. I think we can definitely give more notice as to when the different groups are meeting and be more on top of it.

Anne Castro – BlueCross BlueShield South Carolina – Chief Design Architect

So that people would expect other people to call in and listen in from other workgroups—

Aneesh Chopra – White House – CTO

Yes. So much of it is inter-related, to your point. Yes, please don't feel restricted to the one that you signed up for or might have been commandeered to serve on.

Cris Ross – LabHub – CIO

That's a perfect segue. I'm happy to continue with the Business Rules Group. I'm not in the loop around the details around a hearing schedule for October, so I'd love to hear about that, but that might be a great opportunity to have the Workgroup meet and then anyone else who wants to participate as well, I think that would be terrific.

Aneesh Chopra – White House – CTO

Yes. I don't know. I threw out October just as a conceptual thing, Cris, so I do think there could be, if you're so inclined, some opportunity to kind of move that. Of all of the groups yours is the one, I think, where we have the most heavy lifting in terms of this is hard, new terrain and we want to figure out how to do it right. So thinking about that as an area for testimony might be a good one. I think maybe off-line, Cris, if you give that some thought, let's circle up with Cris then and see if we can think of a time frame for folks to come together. We've got some early thinking on that that might be useful.

Cris Ross – LabHub – CIO

That hearing topic would be terrific, because I think some of our work, if you could criticize it—and I think you can—it was pretty abstract and getting to people who are actually doing work in the field is really important.

Sam Karp – California HealthCare Foundation – Chief Program Officer

I think that's true in all of the recommendations, really involving people in the field. It may be as we move forward there might be the need to bring some separate implementation groups together of people on the ground that can provide implementation support and raise the questions of what does it mean to actually put these things in place.

Deborah Bachrach – Bachrach Health Strategies – President

I want to follow on Sam's point and particularly think about can we bring in some states and get their reactions, because so much of this implementation falls to states and—

Steve Fletcher – State of Utah – Chief Information Officer

I was just ready to jump in. I'm thinking the same thing. I think what we have to do is kind of go out to the states now and poll and see what their reaction is and also see what sorts of things they're going to encounter that they may see as problematic. I think this would be a good time to do that. I would be happy to coordinate some through all of the NASCIO group or through some of the other folks, the state folks, to kind of let's go out and survey. Let's go out and understand what they think the challenges are going to be.

Sam Karp – California HealthCare Foundation – Chief Program Officer

Not to put you on the spot, but NASCIO's big thing is next Wednesday. I assume, you being the head of that, you're all over this.

Steve Fletcher – State of Utah – Chief Information Officer

Yes.

Sam Karp – California HealthCare Foundation – Chief Program Officer

Is there space on the agenda for you to be able to kind of represent the findings here or would that be putting you out too much? I don't know what's possible, but it would be really terrific if it was at all feasible to have a standing place where folks could actually engage on this subject. I would love to have been down there by the way, Steve, I just can't make it work, but—

Steve Fletcher – State of Utah – Chief Information Officer

I understand. No problem. I think for our membership meeting we might be able to squeeze it in on Sunday and try to put that on the agenda and maybe even put the findings out there. Let me put a call to action to kind of go back to the state and see how they perceive it.

Gopal Khanna – State of Minnesota – Chief Information Officer

I would second Steve's ... maybe in a month or two, sooner than later, Steve, after you make the announcement Sunday ... you can do sort of a conference call where we here Aneesh come and sort of give an overview as well, particularly because, Aneesh, you are unable to make it this time.

Aneesh Chopra – White House – CTO

Yes.

Deborah Bachrach – Bachrach Health Strategies – President

Can we please make sure we reach the state Medicaid agencies as well?

Sam Karp – California HealthCare Foundation – Chief Program Officer

Yes. Deborah, when we talked yesterday about this we think it's really important to engage CMS in these conversations more than they have been up to now. They've participated on the Workgroup to some extent, but we really need to form a partnership with CMS to do that, because you're right; we've got to bring in the Medicaid directors.

David Molchany – Fairfax County, VA – Deputy County Executive

From the very beginning of this whole process some of the practitioners I brought together for the conference calls recommended that along with the states many of the local governments actually performed the functions that we've talked about and so we shouldn't forget them. I know NACo (the National Association of Counties) would be happy to help hook our group up with those people.

Aneesh Chopra – White House – CTO

Do you know what this tells me, guys? I'm going to ask, Kristen, if you would be so kind, we did not put on the agenda for today's call an outreach plan and it appears to me that—

Kristen Ratcliff – ONC

We need one?

Aneesh Chopra – White House – CTO

Heck, yes. Anybody on the call, who feels as if there is a group, constituency, organization event, meeting or whatever that you feel we want to engage in a more thoughtful way, not ad hoc and just sort of behind, after the fact way, please send that in to Kristen. I very much would like, Sam, if you're cool with this, that we actually put together a little outreach document that we could e-mail to each other so that we sense are we telling a coherent story and listening to the right people and getting the right feedback, even if I can't do it or Sam can't do it, each of you are ambassadors of the cause and I think we could at least capture feedback in a way that's more thoughtful and organized. So please, if you don't mind, send your thoughts on outreach to Kristen and let's circulate via e-mail kind of a simple plan that makes some sense here.

Anne Castro – BlueCross BlueShield South Carolina – Chief Design Architect

What was that meeting that's coming up next week? I didn't get the acronym.

Aneesh Chopra – White House – CTO

I'm sorry. It's inside IT world stuff. It's the National Association of State CIOs. We're lucky because we had the Past President, Bill ... and the current President, Steve Fletcher, on this Committee, so I default to the acronym because they're here.

Anne Castro – BlueCross BlueShield South Carolina – Chief Design Architect

No problem. Thank you.

Aneesh Chopra – White House – CTO

Dave, your point about county involvement is critical. There are 20 states that have county administered Medicaid programs and many of them are the large states, so we definitely need to reach out to the counties as well.

David Molchany – Fairfax County, VA – Deputy County Executive

Yes. I know NACo would be very happy to help out with that.

Aneesh Chopra – White House – CTO

That's terrific.

Terri Shaw – Children’s Partnership – Deputy Director

... is another group that we should, of course, be working with. Just to let folks know, I did have an opportunity to talk to ... Max Enroll grantees, the group of states that are working specifically around issues on maximizing enrollment of children into Medicaid and CHIP. I did have a chance to talk to them about our recommendations very briefly and the reactions were positive.

Interestingly, one of the questions from somebody in Massachusetts actually was, “Are these recommendations also being communicated to the regional extension centers and the state designated entities for HIE so that there’s crosswalk between the clinical information standards and the eligibility information standards?” I thought that was one interesting piece of feedback just to share with everybody.

Aneesh Chopra – White House – CTO

I’m going to say the answer to that is yes, but, Kristen, can you triple check if a memo has been sent to the regional extension centers and HIEs?

Kristen Ratcliff – ONC

Yes, I’ll check. I know Claudia and Matt, who I believe is here, and ONC on both of those programs are very aware of the recommendations that have been made, but I’ll double check and make sure that it’s being communicated.

Aneesh Chopra – White House – CTO

I like the idea of a memo to the actual extension centers—

Kristen Ratcliff – ONC

Okay.

Aneesh Chopra – White House – CTO

All right. That’s our piece. Sam, anything else?

Sam Karp – California HealthCare Foundation – Chief Program Officer

No. I think that’s it. I’m excited about the enthusiasm everyone is expressing for continuation, but please, let’s actually create something a little more specific in terms of your response. Could everyone respond to Judy? That way we’ll have a single point of communication about your interest in continuing and could we do that by the end of next week? Then we will, as a next step, work with the Chairs of the Tiger Teams to reconvene Tiger Teams to each of the Tiger Teams to start kicking around possible areas for continuation of work.

Terri Shaw – Children’s Partnership – Deputy Director

On that notion of the Tiger Team, is the assumption that we will stay with the existing Tiger Teams or is there contemplation of maybe either reconfiguring or adding some additional Tiger Teams? For example, we have some, on the draft area for further discussion, items that it’s not clear to me which Tiger Team these would immediately fall in.

Aneesh Chopra – White House – CTO

I think that’s right. I think our thought was that we would tease ideas out of the existing Tiger Teams and then look at reconstituting how we should organize ourselves. We would do that probably and bring back recommendations at the next full meeting after the Tiger Teams have had an opportunity to meet.

Terri Shaw – Children’s Partnership – Deputy Director

Okay.

Sam Karp – California HealthCare Foundation – Chief Program Officer

That will put us into October. Okay. Excellent. All right. So, in the spirit of efficiency, we had blocked this thing originally until 2:00. We then, on the agenda, had it until 12:30 and look at us, 11:38 East Coast time. This is what we’re talking about. This is effective and efficient.

Any other final observations we want to share? Otherwise we can rock and roll.

Aneesh Chopra – White House – CTO

Have a great weekend, everyone. Thank you.

Erin

Let's see if there is any public comment.

Aneesh Chopra – White House – CTO

Operator, can you please check and see if there are any public comments? Just a reminder to folks on the line, there is a 3-minute time limit per comment.

Operator

We do have a public comment.

Erin

Can you please identify yourself and your organization?

Fred Buhr – Metasteward LLC

This is Fred Buhr and my organization is my own organization, Metasteward LLC. I would like to make a comment concerning outreach and what I would encourage the Committee to do in all of these committees is to outreach to the Administration on Aging and the Older American Act participants. I participate in Older American Act programs here in Wisconsin and our Agency on Aging utilizes a software that combines everything and mixes clinical with eligibility data, people who are ... tested, as well as other people, like I participate in ... tested programs, all in one database. So I would encourage you to outreach to the Administration on Aging and the Older American Act programs in the states. Thank you.

Sam Karp – California HealthCare Foundation – Chief Program Officer

Very helpful. Anyone else?

Operator

We do not have any more comments at this time.

Sam Karp – California HealthCare Foundation – Chief Program Officer

All right, everybody. Have fun, a great weekend. Thank you. Good-bye.

Participants

Thank you. Good-bye.